| | | THE DIVISION OF HEAL I | | | 24200 |
|--|--|---|--|--|--|
| FILED AUG | FILED AUG 5 1957 STANDARD CERTIFICATE | | | | LE NUMBER |
| | Registration Dist | rict No. 128 Pri | imary Registration District No | 2000 Registr | ar's No. /6/ |
| 1. PLACE OF DEA' | TH Greene | | 2. USUAL RESIDENCE (Who | ore deceased lived. If institution b. COUNTY Gr | eene dmission |
| | side corporate limits, give | TOWNSHIP only) Inside Limits | c. CITY | <u></u> | Inside Limits |
| TOWN ST | ringfield | Yes No | OR TOWN Sprir | efield a | 26 (Yes 🔀 No 🗌 |
| c. FULL NAME HOSPITAL O | OF (If NOT in hospital, gi | Hosp. 50 Yrs. | d STREET ADDRESS 1558 | (If outside, give location) N. Golden | Reside on Farm |
| INSTITUTION 3. NAME OF DECE | | Middle | Last | 4. DATE: Month | Day' Year |
| (Type or print) | VICTOR | FRANCIS | RYAN | OF DEATH July | 30, 1957 |
| 5. SEX (| | 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years of UNDER last birthday) Months | P TYPAR IF LINDER 24 HRS |
| | 10N (Give kind of work done | WIDOWED DIVORCED 10b. KIND OF BUSINESS OR | 2 Oct. 1895 | or country) 2 12. CIT | IZEN OF WHAT COUNTRY? |
| _ during most of work | king life, even if retired) Employee | INDUSTRY Retired | Missouri | . " | USA |
| 3a. FATHER'S NAME | | 135. MOTHER'S MAIDEN N. | | 14. NAME OF HUSBAND OR W | |
| John Ryan | <u> </u> | Mallie Fi | | <u>Mary Ryan</u> | |
| 5. WAS DECEASED E | VER IN U. S. ARMED FORCE | ervice) | | Address | |
| | If yes, give war ar dates of s | 1500←05←7182 use per line for (a), (b), and (c).) | <u> Mary Ryan</u> S | <u>ipringfield,</u> | MO INTERVAL BETWEEN |
| | | | | | |
| Conditions which gav above car stating the lying cau | e rise to use (a), e under-se last. DUE TO (c) | | | DAGE TO SERVICE OF THE PROPERTY OF THE PROPERT | 10 WAS ALITOPSY |
| which gave above can stating the lying cau | e rise to use (a), e under-se last. DUE TO (c) | ITIONS CONTRIBUTING TO DEATH but | | 422 | 19. WAS AUTOPSY PERFORMED? YES NO |
| which gav above can stating the lying cau PART II. (| e rise to puse (e), e under se lest. DUE TO (c) DTHER SIGNIFICANT COND | TION'S CONTRIBUTING TO DEATH but 20b. DESCRIBE HOW INJURY OC | | 422 | PERFORMED? |
| which gave can above can above can attain the lying can PART II. (a) 206. ACCIDENT 20c. TIME OF INJURY | suice (e), suice (e), suice (e), suice (e), suice (e), suice (e) DUE TO (c) DUE TO (c) SUICIDE HOMICIDE | | | 422 | PERFORMED? |
| 20c. TIME OF INJURY OCI | e riase to use (a), so last. DUE TO (c) DTHER SIGNIFICANT COND SUICIDE HOMICIDE Hour Month, Day, Year a.m. p.m. CURRED - 20e. PL | | CURRED. (Enter nature of injury | 422 in PART I or PART II of ite | PERFORMED? |
| 20c. TIME OF INJURY OCI | SUICIDE HOMICIDE When the second sec | ACE OF INJURY (e.g., in or about horm, factory, street, affice bldg., etc.) | CURRED. (Enter nature of injury ne, 20f. CITY, TOWN, OR LOCA | in PART I or PART II of iter | PERFORMED? YES NO STATE |
| 20a. ACCIDENT 20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OC WHILE AT Now WORK 21. I attended the Death occurre | when to use (e), such that the control of the contr | ACE OF INJURY (e.g., in or about hom, factory, street, affice bldg., etc.) | CURRED. (Enter nature of injury ne, 20f. CITY, TOWN, OR LOCA and last sav the days stated above; and to the b | in PART I or PART II of iter | PERFORMED? YES NO |
| which gave above can starting the lying cau PART II. (20c. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OCCUMHILE AT NEW WORK 21. I attended the | when to use (e), such that the control of the contr | ACE OF INJURY (e.g., in or about hom, factory, street, affice bldg., etc.) | CURRED. (Enter nature of injury ne, 20f. CITY, TOWN, OR LOCA the days stated above; and to the b 22b. ADDRESS 3///2 Col | in PART I or PART II of iter TION COUNTY him alive on D-0 A pest of my knowledge, from the | PERFORMED? YES NO STATE STATE causes stated. 22c. DATE SIGNED 7/5/5/5 |
| 20c. TIME OF INJURY 20d. INJURY OCI WHILE AT NI WORK 21. I attended the Death occurre 22a. SUGNATURE 23a. BURNAL, CREMATURE | e rias to use (e), suse (e | ACE OF INJURY (e.g., in or about horm, factory, street, affice bldg., etc.) Ly M mon (Degree or title) 23c. NAME OF CEMETERY OF | CURRED. (Enter nature of injury ne, 20f. CITY, TOWN, OR LOCA the days stated above; and to the b 22b. ADDRESS R CREMATORY 23d. LOC | in PART I or PART II of iter TION COUNTY There alive on 19-0 A best of my knowledge, from the county CATION (City, town, or county) | PERFORMED? YES NO |
| 20c. TIME OF INJURY 20d. INJURY OCU WHILE AT NI WORK 21. I attended the Death occurre 22a. SIGNATURE 23a. BURNAL, CREMATURE BURNAL (Specification) | e rias to use (e), such (e) DUE TO (c) DOTHER SIGNIFICANT COND SUICIDE HOMICIDE Hour Month, Day, Year a.m. P.m. CURRED 20e. PL for twork d at 1.00 1. | ACE OF INJURY (e.g., in or about horm, factory, street, affice bldg., etc.) L. J. M. mon (Degree or title) 23c. NAME OF CEMETERY OF BRICK Church | CURRED. (Enter nature of injury ne, 20f. CITY, TOWN, OR LOCA and last saw the date stated above; and to the b | in PART I or PART II of iter TION COUNTY There alive on | PERFORMED? YES NO STATE STATE causes stated. 22c. DATE SIGNED 7/50/5 |
| Which gave can storing the lying cau PART II. (20d. ACCIDENT 20d. INJURY OCCUMENT 20d. INJURY OCCUMENT 21. I attended the Death occurre 22a. SUGNATURE 23a. BURNAL, CREMATURE | e rias to use (e), such (e) DUE TO (c) DOTHER SIGNIFICANT COND SUICIDE HOMICIDE Hour Month, Day, Year a.m. P.m. CURRED 20e. PL for twork d at 1.00 1. | ACE OF INJURY (e.g., in or about horm, factory, street, office bldg., etc.) Leg. 3 , to mon (Degree or title) 23c. NAME OF CEMETERY OF BRICK Church ADDRESS 25. | CURRED. (Enter nature of injury ne, 20f. CITY, TOWN, OR LOCA the days stated above; and to the by 22b. ADDRESS R CREMATORY 23d. LOC 24d. LOC | in PART I or PART II of iter TION COUNTY There alive on | PERFORMED? YES NO STATE STATE 122c. DATE SIGNED 7505 |

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| | -23₹₹ - \$1≈ \$ | • • | Internal | State of the State | ુ કુલમાં લાજ | Municip 3 |
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| | | ermine Table | unii: ile oli ; | 3812-90-603 | , o'' | 6,- |
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No.

working under my personal supervision.

Signature of Student Embalmer

Licensed Embalmer No. 4/76

P. O. Address Drug fald

P. O. Address P. D. Address P. O. Address P.

Burtle